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Ebola Preparedness - An ED Perspective

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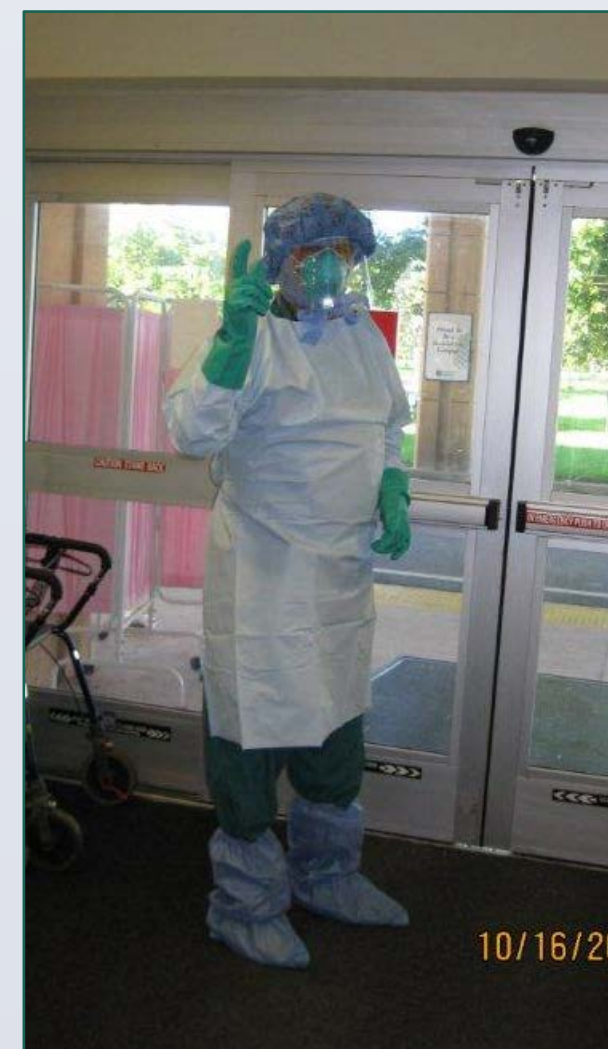
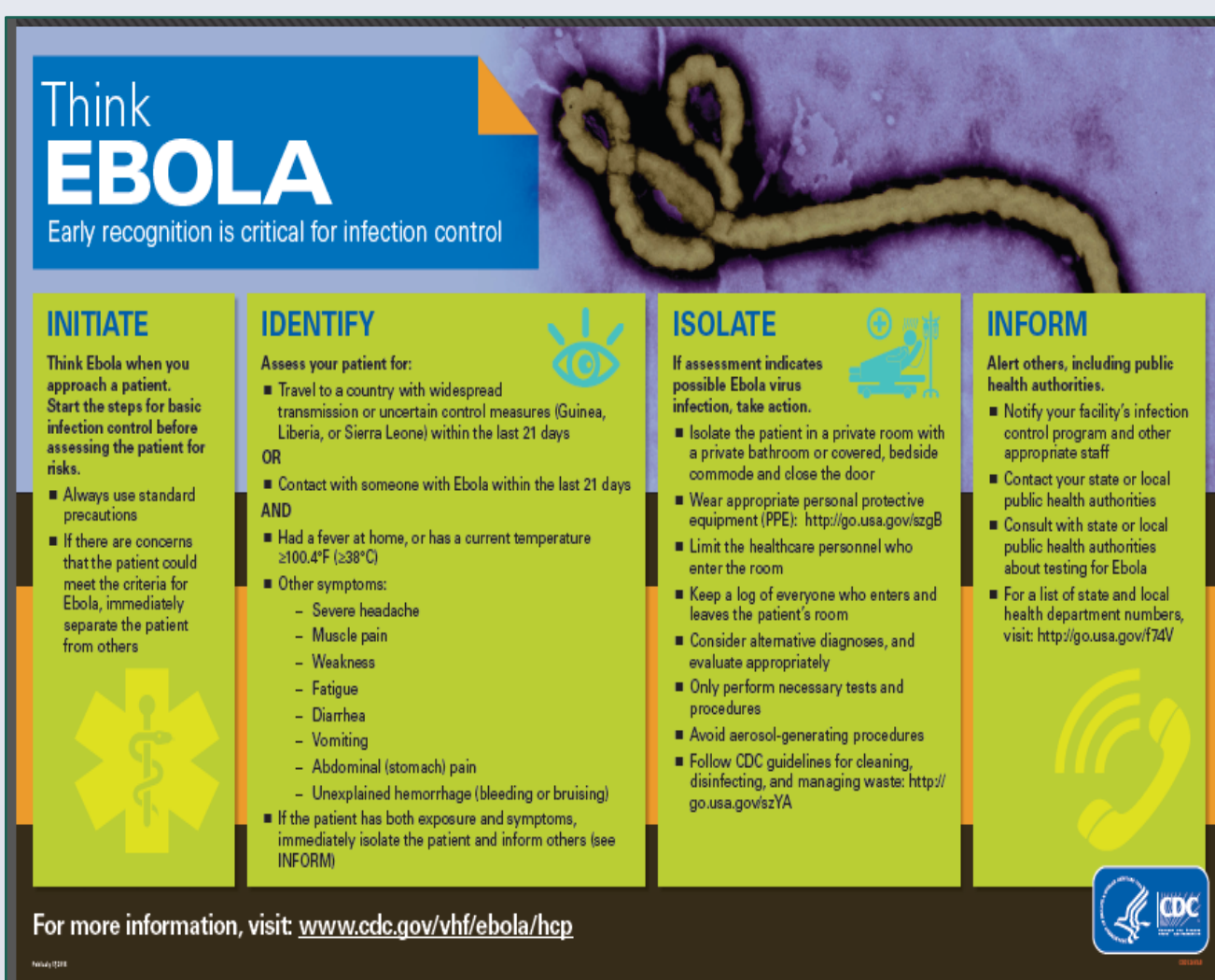
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INTRODUCTION

- The presentation of an Ebola patient in a U.S. hospital last year caused a lot of attention and concern for the safety of the public. Emergency Departments (ED) across the country were scrambling to come up with a plan to care for an Ebola patient should they arrive at their hospital.
- This situation provided Homestead Hospital an opportunity for collaboration with other departments to come up with protocols that would safely take care of an Ebola patient, as well as protect the staff at the front lines. A task force was created that developed an algorithm to follow if a potential Ebola patient arrived in our ED.



Ebola Training

PLANNING

The purpose of the task force was to identify areas at risk of for exposure if a potential Ebola patient arrived in the ED, create a protocol to follow to minimize this risk, and effectively care for the patient. Our Evidence-Based Practice project was guided by the CETEP Model. Our objectives were to:

- Identify areas of vulnerability for potential Ebola patients to enter the ED
- Create a plan to safely care for an Ebola patient
- Train ED staff regarding donning and doffing of biological personal protective equipment (PPEs).
- Review logistics to ensure there are rooms & equipment ready
- Hold drills to become familiar with the plans

- Multidisciplinary meetings were held with Administration, ED Leadership, Patient Care Supervisors (PCS), Infection Control, Security, Clinical Educators and the Emergency Response Team (ERT).
- Based on protocols developed by the ERT for other types of exposures, a plan was created to handle a biological exposure, such as Ebola.

IMPLEMENTATION

- The role of the triage tech was expanded to include a greeter position, and was placed at the front door of the ED after training was performed regarding risk factors for exposure to Ebola
- Using a pre-established script, the greeter screened all individuals arriving to the ED for risk factors identified by the CDC.
- If needed, a patient would be transported to the ambulance entrance of the ED where outside access into a decontamination room would be used and then serve as the patient care area.
- The Charge RN would be notified by the Greeter of the patient and activate the ERT in the ED as well as initiate calls to leadership on a call tree.

In the Decon Room – NOW WHAT?	Isolation & Care
<ul style="list-style-type: none"> Greeter meets ED staff at the Decon room from the outside door that was unlocked by security. Staff will secure the 2nd decon room door inside the ramp area with "do not enter" signs and tape across Anything that came with patient, stays with patient in the room, including the wheel chair Tech will only doff the initial PPEs in the indicated hazard trash receptacle and join the Emergency Response Team assembled by the Charge Nurse IF the equipment will be ramped up to the augmented set-up. 	<ul style="list-style-type: none"> Charge RN will direct pre-assigned staff to gather the Ebola PPE kits and begin to suit up Post a member of ED staff by the door to monitor compliance with PPEs, log ALL persons entering the room, and place isolation sign on door. All care and exams should be performed in the patient's isolated room, if possible. Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of patient care and stay in the room at all times.

Greeter Responsibilities

Script to use for **EVERY** person entering the ED:

For your safety, we would like to ask you a couple of questions:

- Do you have a fever or flu-like symptoms?
- Have you been to, or in contact with anyone that has been to any of the following places in the last 3 weeks,
 - Sierra Leone
 - Liberia
 - Guinea
 - Congo
 - West Africa

If the answer is **YES** to **BOTH** of these questions, immediately place a mask on the patient before doing anything else.

Then, call the Charge RN at 36389 and tell them you will need the decontamination room for a patient that needs to be screened further.

Biological (Augmented)PPEs

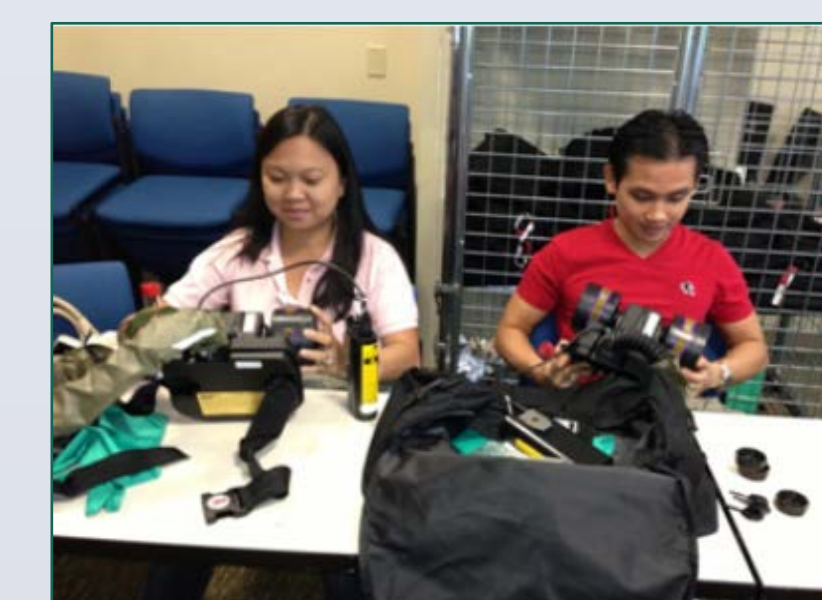
An Augmented (level C suit) and N-95 mask with a PAPR hood should be worn under the following circumstances:

- incontinent of urine or feces
- frequent diarrhea or vomiting
- Hemorrhagic
- Aerosol generating procedures (AGPs):
 - resuscitative measures, intubation and extubation
 - Bi-level Positive Airway Pressure (BiPAP)
 - open suctioning of airways
 - sputum induction
 - bronchoscopy

Do not flush any bodily fluids down the drain without the use of bleach

Training and Drills

- Training sessions were held for all RNs and Techs in the ED.
 - Included training on donning and doffing personal protective equipment (PPE) for biological hazards.
- The instructors were members of the ERT.
- System-wide drills were also held on several occasions.



EVALUATION

- A patient presented to the ED lobby with a history that was suspicious for exposure to Ebola.
- The greeter transported the patient outside, by wheelchair, to the decontamination room and notified the charge nurse.
- The Ebola protocol was initiated, and the staff donned their gear.
- The infection control nurse came to the ED and by history, the patient was ruled out.
- At the debriefing session, when the situation was over, the protocol was deemed effective, but some areas needed modification.
- Improved communication was necessary between the hot and cold zones as well as creating a private area for the command center to allow for communication between the staff and the state health department.

CONCLUSIONS

- Caring for a potential Ebola patient proved to be a challenge.
- A lot of time and preparation was needed to solidify details and plan logistics that would work for a busy emergency department, especially at peak hours.
- Our plan was created and modified to incorporate as many contingencies as possible.
- We feel that we are ready should a patient arrive at our ED again.

REFERENCES

For more information regarding the contents of this presentation, follow the links below:

CDC websites: <http://www.cdc.gov/vhf/ebola>

WHO website: <http://www.who.int/csr/disease/ebola/en>

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